

Covered Scope of Services

The RHC Act (Public Law 95-210) first defined the set of services that constitute core services for RHCs. These core services are required in the RHC program, and must be delivered by both physicians and midlevel practitioners. Midlevel practitioners must function under physician supervision. An RHC may be any primary care practice, i.e., family practice, pediatric, obstetric/gynecology, or internal medicine. Core services consist of:

- Physician services, including required physician supervision of MLPS (midlevel practitioners);
- Services and supplies furnished as incident to physician professional services;
- Services of MLPS;
- Services and supplies furnished as incident to services provided by MLPS, and
- Visiting nurse services on a part time or intermittent basis to home-bound patients (limited to areas in which there is a shortage of

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home health agencies).

All RHC services must be furnished by providers authorized to provide those services. Services and supplies incident to professional services of health care practitioners are those commonly furnished in connection with these professional services, generally furnished in a physician office and ordinarily rendered without charge or included in the practice bill, such as ordinary medications and other services and supplies used in patient primary care services. Incident to services must be furnished by an employee (rather than a contractor) and must be furnished under the direct, personal supervision of the health care practitioner, meaning that the health care practitioner must be physically present and immediately available for consultation.

Basic Lab Services - An RHC is required to provide the following minimum lab services on site:

- Chemical examination of urine by stick or tablet
- Hemoglobin or hematocrit
- Blood sugar
- Examination of stool specimens for occult blood

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- Pregnancy tests
- Primary cultures for transmittal to a certified lab

If the RHC performs only these six tests, it may obtain a waiver certificate from the regional CLIA office. If an RHC provides other tests on site, it will have to comply with CLIA requirements for the lab services actually delivered. However, payment for all lab services provided to Medicaid recipients will be included in the all inclusive reimbursement rate. No additional payments will be made for lab services. Lab services may not be excluded, or carved out, from RHC cost reimbursement. A provider based RHC can continue to bill for laboratory services performed by the host provider.

EPSDT Services (Early and Periodic Screening, Diagnosis, and Treatment) - EPSDT is the preventive health and dental program for Medicaid beneficiaries under age 21 and consists of three service components: screening, diagnosis, and treatment. Children are screened periodically for health and developmental problems. All EPSDT services, including PHRM (Perinatal High Risk Management), administration of certain vaccines to children ages 0-18 (i.e., vaccines obtained through the Vaccines For Children program), and other expanded services through EPSDT are covered on a fee-for-service basis for both independent and provider based RHCs.

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Services Not Covered as RHC Services - Other ambulatory services, such as transportation, pharmacy, dental, social services, etc. are not covered services as RHC services. These services must be filed by the individual Medicaid provider performing the service and payment is on a fee for service basis.

Inpatient Hospital and Nursing Home Visits

An RHC must have a written arrangement with its servicing provider(s) that the servicing provider's salary includes inpatient hospital or nursing home visits in order to be compensated for these visits. These visits will be reimbursed at the fee for service rate. If no such arrangement/agreement exists, then these visits are to be filed by the individual servicing provider.

The RHC program has no requirements for hospital admitting privileges, but a practice must demonstrate that hospital services are available to patients.

Physicians Licensed in the State - The RHC program requires state licensure for physicians, as well as compliance with state law for all clinical staff credentialing.

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Written Clinical Protocols - Written protocols for managing health care problems are required for an RHC.

Annual Evaluations

As mandated by 42 CFR Section 491.11, an evaluation of a clinic's total operation including the overall organization, administration, policies and procedures covering personnel, fiscal and patient care areas must be done at least annually. This evaluation may be done by the clinic, the group of professional personnel required under 42 CFR Section 491.9(b)(2), or through arrangement with other appropriate professionals. The results of this annual evaluation are to be forwarded, as per the Provider Participation Agreement, to the Division of Medicaid. Failure to submit this information may result in cancellation of the Agreement by the Division of Medicaid.

Change of Ownership

When RHCs undergo a change of ownership, the MEDICARE agreement and reimbursement rate with the existing RHC is automatically assigned to the new owner. However, the DOM requires that the new RHC obtain a new Medicaid provider number, i.e., complete a Medicaid provider enrollment application and participation agreement.